

The Power of VA-

DoD Sharing Conference

Captain James A. Lovell
Federal Health Care Center

**Mr. Patrick Sullivan, FACHE, Director
NCVAMC**

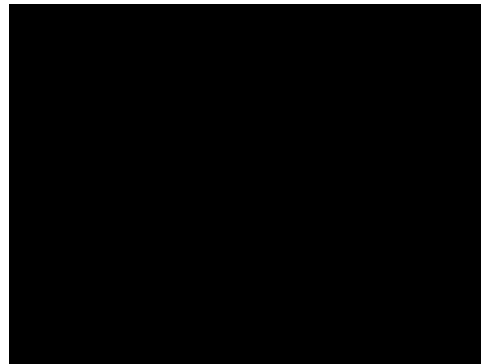
CAPT T. E. McGue, MC, USN, CO

 **NHCGL**





LIKE BUILDING AIRPLANES IN THE SKY



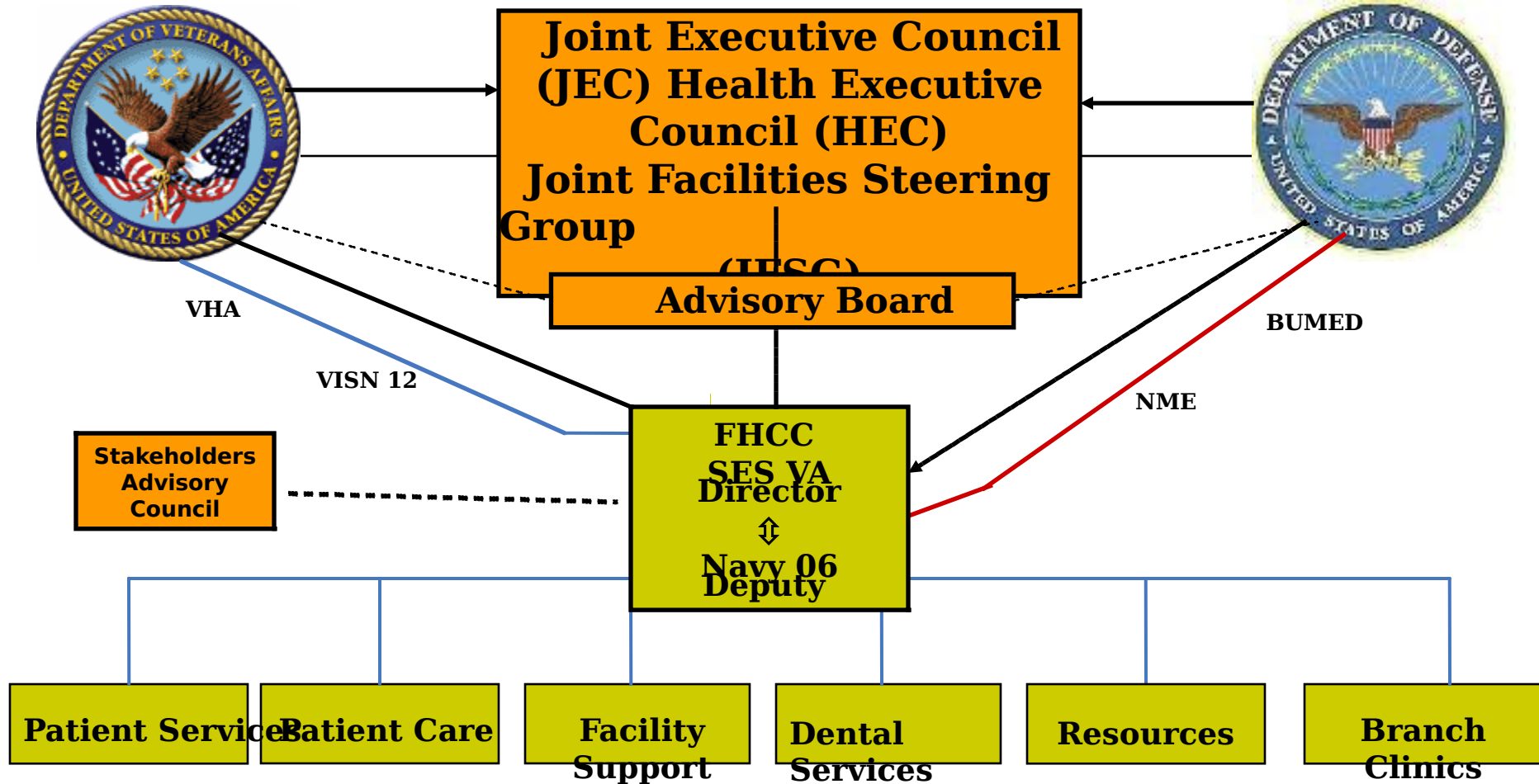
CAPTAIN JAMES A. LOVELL FEDERAL HEALTH CARE CENTER 2010



FIICC UNDER CONSTRUCTION

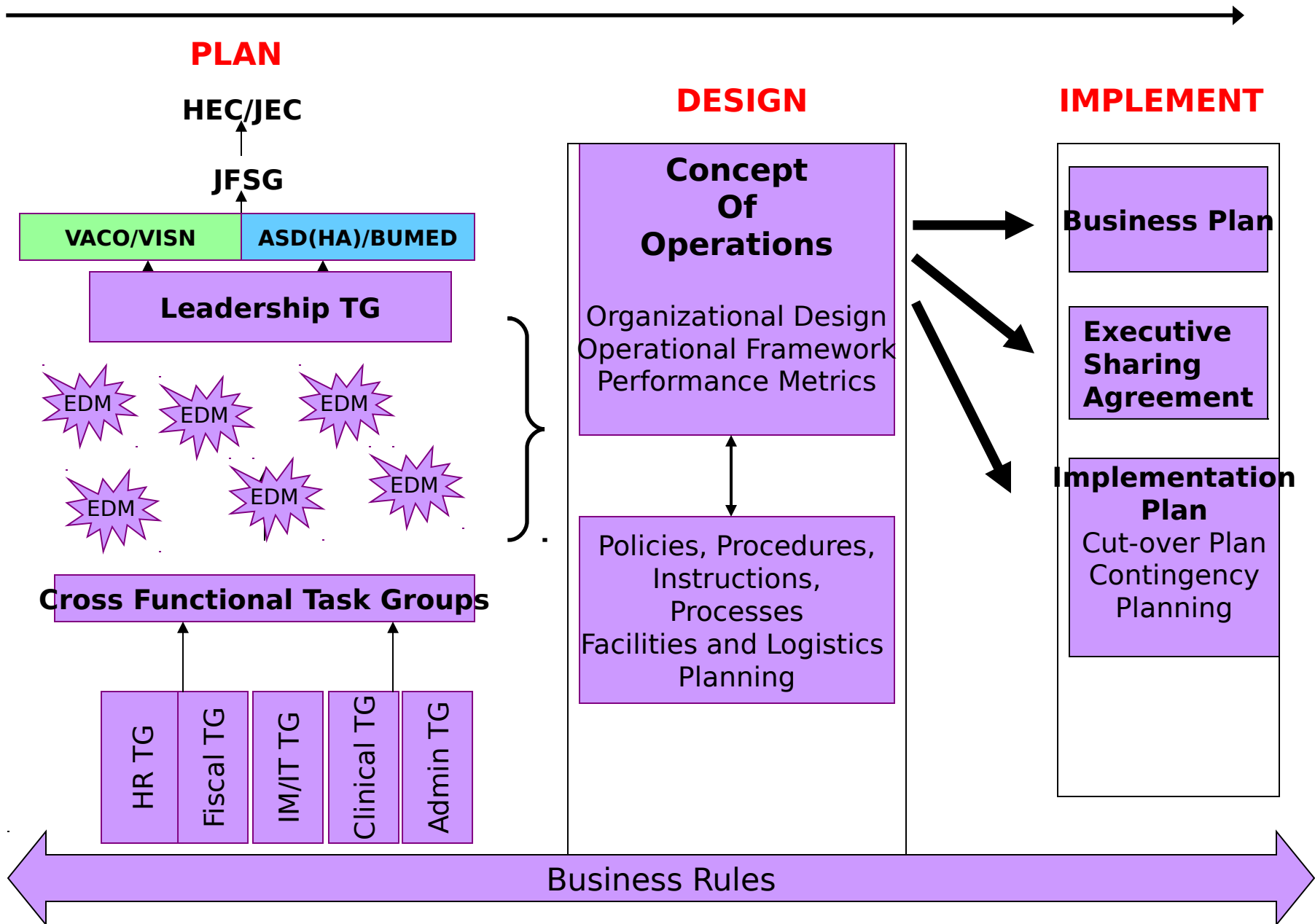


FHCC Governance

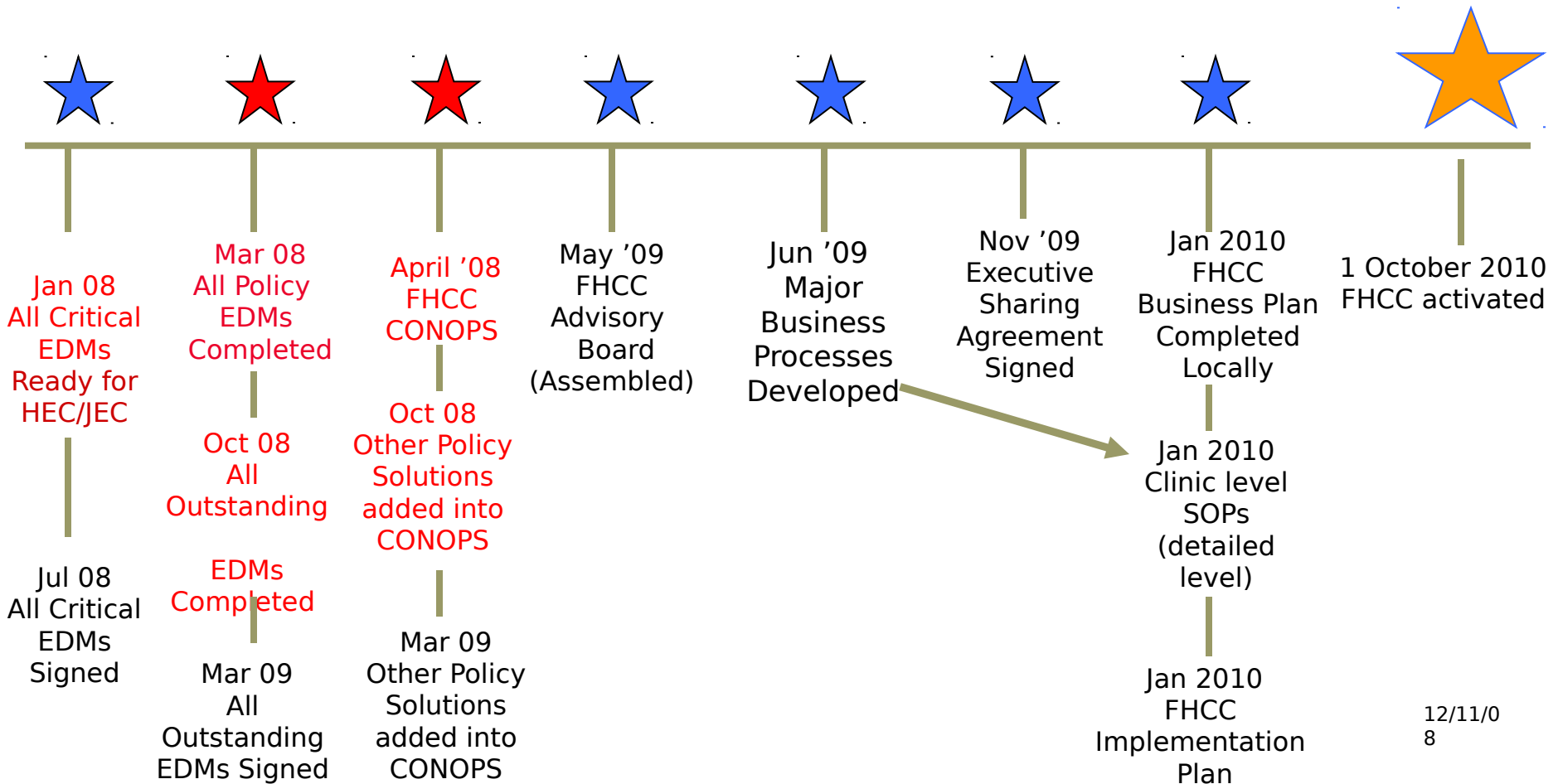


- = Management authority through Resource Sharing Agreement (RSA)
- (blue) = Operational Line of Authority
- - -** = Communication and RSA Compliance
- (red) = Military Reporting Relationship & Accountability

Federal Health Care Center Integration Framework



FHCC Great Lakes/North Chicago Milestones Timeline





FHCC Mission

We are the premier Federal Healthcare Facility, proud to provide comprehensive, compassionate, patient-centered care to our veterans and DOD beneficiaries while supporting the highest level of operational readiness.



FHCC Vision

Creating the future of federal healthcare through excellence in world-class patient care, customer service, education and research.

VA/DoD Requirements in NDAA 2009

NDAA 2009 Section 706 - GUIDELINES FOR COMBINED MEDICAL FACILITIES OF THE DEPARTMENT OF DEFENSE AND THE DEPARTMENT OF VETERANS AFFAIRS. SECRETARIES SHALL EXECUTE A SIGNED AGREEMENT THAT ADDRESSES:

1. Governance
2. Patient Priority Categories
3. Budgeting
4. Staffing & Training
5. Construction
6. Physical Plant Management
7. Contingency Planning
8. Quality Assurance
9. Information Technology

FHCC Legislative Submission

- Facilities Ownership
 - Permission to transfer completed new construction if DoD chooses
- Transfer of Personnel
 - Permission for DoD civilian personnel to move into the VA personnel system in 2010.
- DoD Beneficiary Services
 - Include all categories of beneficiaries. Obtain Dual designation as Uniformed Treatment Facility and VA Medical Center.
- Funding
 - Establish Treasury Fund with reconciliation process.

**** Legislation Update: OMB has sent legislative package to Cabinet secretaries for review. Will be forwarded to committee upon review and acceptance.**

**** Executive Sharing Agreement will be the overarching document that crafts both legislative and policy solutions to allow the North Chicago Veterans Affairs Medical Center and the Great Lakes Naval Health Clinic to combine into a single functional Medical Care Center.**

Business Case Analysis - Draft

Cost Savings for Phases I, II & III

Phase I

- DoD Blood Processing Center - a one-time cost avoidance
 - Net Cost Savings of \$3,130,000
- Combining the Behavioral Health Units of NHGL and NCVAMC
 - Net Cost Savings of FY03 to FY07 \$5,400,262

Phase II

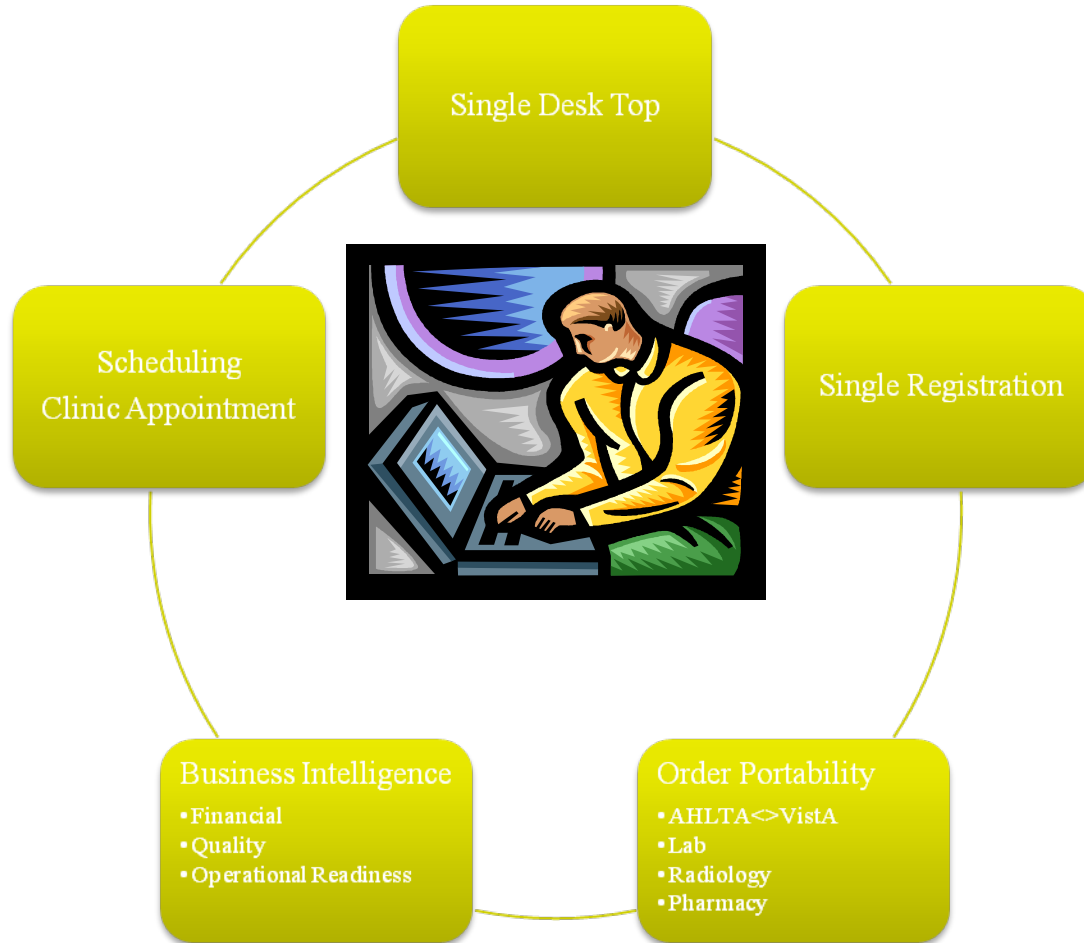
- Combining the Inpatient Medicine, Emergency Room, ICU/CCU, and Surgery Departments
 - Net Reduction of 51.04 FTEE
 - Net Cost Savings \$5,800,000 in FY05 to FY07

Phase III

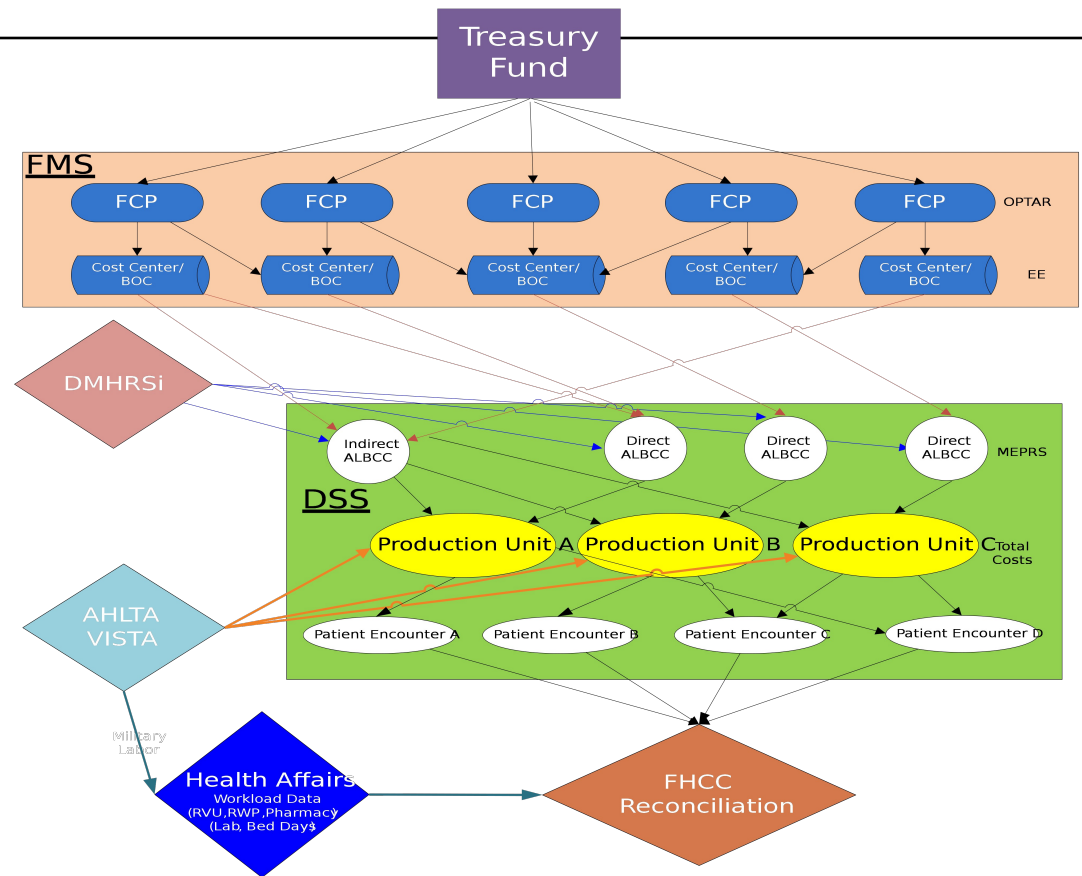
- Construction - One time cost savings of \$67M
- Recurring annual operating cost savings of \$19M
- Projected recurring cost savings of \$3.3M

IM/IT Deliverables

OCT 2010



Funds Flow and Reconciliation

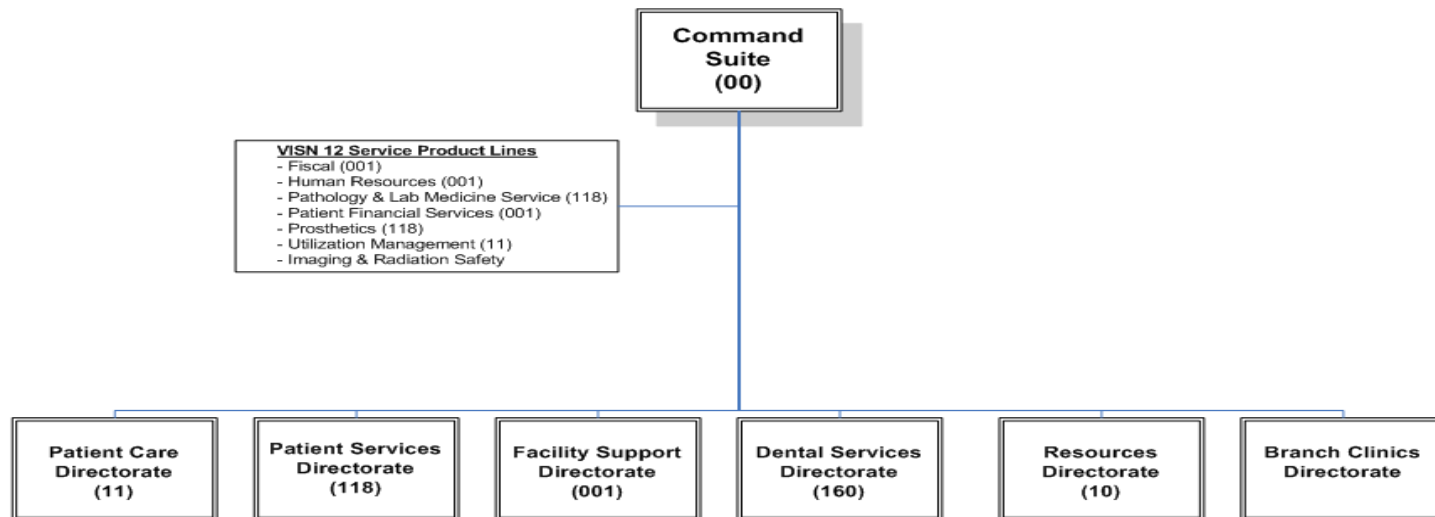


Legend

- EE = Expense Element
- FMS = Financial Mgmt System
- DSS = Decision Support System
- FCP = Fund Control Points
- BOC = Budget Object Code
- ALBCC = Account Level Budget Cost Center
- MEPRS = Medical Expense and Performance Reporting System
- OPTAR = Operating Target

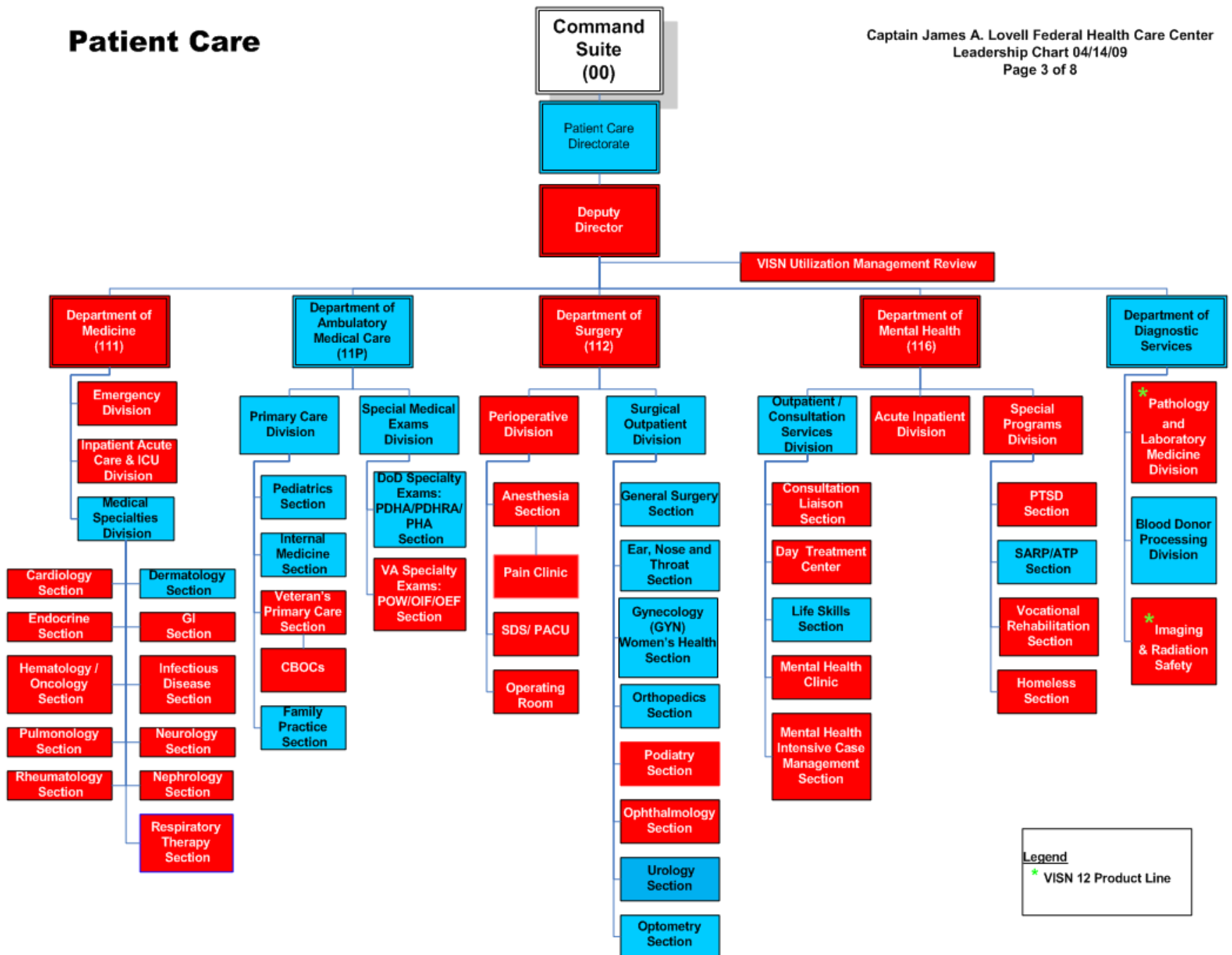
Organizational Chart

CAPTAIN JAMES A. LOVELL FHCC ORGANIZATIONAL CHART



Patient Care

Captain James A. Lovell Federal Health Care Center
Leadership Chart 04/14/09
Page 3 of 8





Merging Programs

- ❑ The Merging Program Task Group was established to perform the detailed planning process leading to the full merging of all programs at Naval Health Clinic Great Lakes and North Chicago Veterans Affairs Medical Center.
- ❑ The deliverables for the task group are to:
 - Reconcile Standard Operating Procedures for both organizations
 - Develop new FHCC policies and procedures
 - Establish scope of services offered at the FHCC
 - Develop Business rules
- ❑ Reports monthly to Leadership on progress
- ❑ Conducts regular conferences to accomplish deliverables

Creating a new FHCC Culture

- **Joint Strategic Planning**
 - Annual Conferences
 - Leadership Management Council
 - National and Local Functional Task Groups
- **Joint Training Plan**
 - Develop VA/DoD leaders for the challenge of 2010.
 - Identify VA/DoD leadership competencies.
 - Develop a comprehensive individualized needs based training program.
- **National Center for Organizational Development (NCOD) and Naval Postgraduate School**
 - Pre & post Phase II assessment
 - Employee/ patient focus groups
 - Blending cultures / Off-site retreat
- **Communications Plan**
 - Website
 - Newsletter
 - All Employees meetings



External Surveys

- Collaborative Capacity Survey
 - Naval Post Graduate School, Monterey, CA
 - Barriers to Collaboration
 - Interagency Team Support
 - Communication
 - Job Uncertainty amongst staff
 - Technical Interoperability
- National Center for Organizational Development Surveys
- Focus Groups



Lessons Learned

- ❑ Identify showstoppers early: i.e. legislation
- ❑ It always takes longer than planned!
- ❑ Two chains of command are difficult
- ❑ Relationship between senior leaders
- ❑ Release of information that impacts both facilities must go out at the same time with the same message!

Summary

- **Progress accomplished to date can be attributed to extensive cooperation at all levels between VA and DoD.**
 - **Expanded personal relationships between senior leaders**
 - **Utilize excess capacity to increase care to our beneficiaries.**
 - **Reduces redundancies which translates into savings to the VA & DoD Healthcare Systems.**
 - **Increases seamless service delivery to veterans, active duty, their dependants and retirees.**
 - **FHCC as a site for expanding VA/DoD electronic health record solutions**
 - **Provides opportunities to expand teaching and research missions**

- **We have been given this opportunity to influence the future of federal health care.**
 - **The goal is to establish processes which can be exported.**
 - **Win-Win-Win VA-DoD-Taxpayers**
 - **Reduced facility construction and maintenance expenses**
 - **Not your Father's VA / MTF - Culture integration**
 - **Much accomplished - much more to be done**
 - **Continuity of Medical Record / Enhances Seamless Transition**

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